

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 04/01/02?
  - b. The request was received on 06/21/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60
  - b. HCFA
  - c. EOB
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60
  - b. HCFA
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/15/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent's 3-day response is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: none submitted
2. Respondent: none submitted

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 04/01/02.
2. The carrier's EOB has the denial "F – Fee Guidelines/Multiple procedures allowance."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
04/01/02	29826	\$1416.00	\$708.00	F	\$1416.00	MFG, SGR (I)(D)(1)(b)(ii), (I)(D)(1)(c) & CPT descriptors	The Carrier applied the SGR (I)(D)(1)(b)(ii) and reduced to 50% of MAR. The provider contends that SGR (I)(D)(1)(c) should govern the amount of reimbursement and the services in dispute should be reimbursed at 100% of MAR. There were three billed procedures on the DOS in dispute. A review of the operative report indicates that although there is only one diagnosis (rotator cuff tear) neither of the two procedures in dispute should be considered a secondary procedure for reimbursement purposes. Therefore, additional reimbursement of \$1,112.50 (\$2,225.00 MAR less \$1,112.50 reimbursed to date) is recommended.
04/01/02	23120	\$809.00	\$404.50	F	\$809.00		
<b>Totals</b>		\$2225.00	\$1112.50				The Requestor is entitled to \$1,112.50 additional reimbursement.

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,112.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25<sup>th</sup> day November 2002.

Larry Beckham  
 Medical Dispute Resolution Officer  
 Medical Review Division